



**HIPAA Transaction Sets and Code Sets
(HTSCS)
835 Companion Guide Specifications**

**Version 1.2
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1.INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda*. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained by downloading the files from the following Web site:

http://www.wpc-edl.com/hipaa/HIPAA_40.asp

2.SCOPE

The United States Congress included provisions to address the need for standards for electronic and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through Subtitle F of Title II of that law, Congress added to Title XI of the Social Security Act a new Part C entitled, "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for, "Standards for Electronic Transactions," which became effective on October 16, 2000. The final rule requires compliance be met within two years of the effective date of this rule, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003 for those covered and required to comply in 2002. SCDHHS has filed such an extension.

This Companion Guide includes the scope and transaction map for the ASC X12N 835 004010X091A1 Health Care Claim Payment / Advice transaction set.

The 835 Remittance Advice (RA) transaction reports claim payment / advice and transfer of remittance information. The 835 can be used to make payments, send an Explanation of Benefits (EOB) RA, or make a payment and send an EOB RA from a health care payer to a health care provider, either directly or through Electronic Funds Transfer (EFT). SC Medicaid will send only an EOB RA. Payment will continue to be made by either EFT or check, depending upon provider option chosen. The Companion Guide is used as a supplement to the *ANSI X12 Implementation Guide* to show mapping of the data generated in the South Carolina Medicaid Management Information System (SCMMIS) to a HIPAA-compliant 835 transaction set.

The 835 transaction set provides information for all finalized adjudicated claims that have either paid or denied, and for financial items.

3.835 CLAIM PAYMENT / ADVICE TRANSACTION MAP

*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X091A1.

**The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situation ("S"), then a dash followed by the page number reference in the Implementation Guide.

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Use Value '00' – No Authorization Information Present (No Meaningful Information in I02)
		ISA02	R	Authorization Information	Enter 10 Blanks
		ISA03	R	Security Information Qualifier	Use Value '00' – No Security Information Present (No Meaningful Information in I04)
		ISA04	R	Security Information	Enter 10 Blanks
		ISA05	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA06	R	Interchange Sender ID	Use the SC Medicaid Assigned Submitter Number – Left Justified – 15 Characters
		ISA07	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA08	R	Interchange Receiver ID	Use Value 'SCMEDICAID' – Left Justified – 15 Characters
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Use Value 'U' – U.S. Community EDI of ASC X12 , TDCC, and UCS
		ISA12	R	Interchange Control Version Number	Use Value '00410'
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data Value 'T' – Test Data
		ISA16	R	Component Element Separator	For SC Medicaid Value Will Be '>'
	GS/R-B.8	GS01	R	Functional Identifier Code	Value 'HP' – Health Care Payment/Advice
		GS02	R	Application Senders Code	Value will be 'SCMEDICAID'
		GS03	R	Application Receivers Code	Value will be 837 Submitter Code
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GS02
		GS07	R	Responsible Agency Code	Use Value 'X' – Accredited Standards Committee X12
		GS08	R	Version/Release/Industry Identifier Code	Use Value '004010091A1'
Header	ST/R-43	ST01	R	Transaction Set Identifier Code	Value will be '835'
		ST02	R	Transaction Set Control Number	Assigned by Submitter The value in ST02 will be identical to SE02.
	BPR/R-44	BPR01	R	Transaction Handling Code	
		BPR02	R	Total Actual Provider Payment Amount	This Value will be the Total Monetary Amount for this Remittance Advice
		BPR03	R	Credit or Debit Flag Code	SC Medicaid will set this value to 'C' – Credit.
		BPR04	R	Payment Method Code	
		BPR05	S	Payment Format Code	If payment is made via EFT, SC Medicaid will set this value to 'CCP'.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		BPR06	S	Depository Financial Institution (DFI) Identification Number Qualifier	If payment is made via EFT, SC Medicaid will set this value to '01' - ABA Transit Routing Number.
		BPR07	S	Sender DFI Identifier	If payment is made via EFT, SC Medicaid will set this value to '053900225'.
		BPR08	S	Account Number Qualifier	If payment is made via EFT, SC Medicaid will set this value to 'DA'.
		BPR09	S	Sender Bank Account Number	If payment is made via EFT, SC Medicaid will set this value to ' 2079900430615 '.
		BPR10	S	Payer Identifier	If payment is made via EFT, SC Medicaid will set this value to '1570859576'.
		BPR11	S	Originating Company Supplemental Code	
		BPR12	S	Depository Financial Institution (DFI) Identification Number Qualifier	If payment is made via EFT, SC Medicaid will set this value to '01' - ABA Transit Routing Number.
		BPR13	S	Receiver or Provider Bank ID Number	
		BPR14	S	Account Number Qualifier	
		BPR15	S	Receiver or Provider Account Number	
		BPR16	R	Check Issue or EFT Effective Date	Format will be CCYYMMDD
		BPR17	N	Business Function Code	
		BPR18	N	DFI Identification Number Qualifier	
		BPR19	N	DFI Identification Number	
		BPR20	N	Account Number Qualifier	
		BPR21	N	Account Number	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	TRN/R-52	TRN01	R	Trace Type Code	SC Medicaid will set this value to '1' - Current Transaction Trace Numbers.
		TRN02	R	Check or EFT Trace Number	
		TRN03	R	Payer Identifier	SC Medicaid will set this value to '1570859576'.
		TRN04	S	Originating Company Supplemental Code	
	CUR/S-54	CUR01	S	Entity Identifier Code	SC Medicaid will not send this segment.
	REF/S-57	REF01	R	Reference Identification Qualifier	SC Medicaid will not send this segment.
	REF/S-58			Version Identification	SC Medicaid will not send this segment.
	DTM/S-60	DTM01	R	Date Time Qualifier	Value will be '406' - Production
		DTM02	R	Production Date	Format will be CCYYMMDD
		DTM03	N	Time	
		DTM04	N	Time Code	
		DTM05	N	Date Time Period Format Qualifier	
		DTM06	N	Date Time Period	
1000A/R-62				PAYER IDENTIFICATION	
	N1/R-62	N101	R	Entity Identifier Code	Value will be 'PR' - Payer
		N102	S	Payer Name	SC Medicaid will set this value to 'SC Department of Health and Human Services'.
		N103	S	Identification Code Qualifier	SC Medicaid will set this value to 'XV' - National Plan Identification.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		N104	S	Payer Identifier	SC Medicaid will set this value to the Federal ID Number of the SC Department of Health and Human Services, which is '570859576'.
		N105	N	Entity Relationship Code	
		N106	N	Entity Identifier Code	
	N3/R-64	N301	R	Payer Address Line	SC Medicaid will set this value to 'PO Box 8206'.
		N302	S	Payer Address Line	
	N4/R-65	N401	R	Payer City Name	SC Medicaid will set this value to 'Columbia'.
		N402	R	Payer State Code	SC Medicaid will set this value to 'SC'.
		N403	R	Payer Postal Zone or Zip Code	SC Medicaid will set this value to '292028206'.
		N404	N	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-67			Additional Payer Identification	
	PER/S-69			Payer Contact Information	SC Medicaid will not send this segment.
1000B/R-72				PAYEE IDENTIFICATION	
	N1/R-72	N101	R	Entity Identifier Code	Value will be 'PE' - Payee
		N102	S	Payee Name	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		N103	R	Identification Code Qualifier	If the payee claims were paid by NPI, SC will set this to 'XX' – National Provider Identifier (NPI) If the payee claims were paid by Legacy, SC will set this to 'FI' – Federal Tax ID Number
		N104	R	Payee Identification Code	If the payee claims were paid by NPI, SC will return the NPI If the payee claims were paid by Legacy, SC will return the Federal Tax ID Number
		N105	N	Entity Relationship Code	
		N106	N	Entity Identifier Code	
	N3/S-74	N301	R	Payee Address Line	
		N302	S	Payee Address Line	SC Medicaid will not send this data element.
	N4/S-75	N401	R	Payee City Name	
		N402	R	Payee State Code	
		N403	R	Payee Postal or Zip Code	
		N404	S	Country Code	SC Medicaid will not send this data element.
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-77	REF01	S	Reference Identification Qualifier	If N103 value is 'XX', SC Medicaid will not Return this Data Element If N103 value is "FI" – Federal Identification Number, SC Medicaid will set this value to 'PQ' – Payee Identification

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF02	S	Reference Identification	
2000/S-79				HEADER NUMBER	
	LX/S-79	LX01	S	Assigned Number	
	TS3/S-80			Provider Summary Information	SC Medicaid will not send this segment.
	TS2/S-85	TS201	S	Provider Supplemental Summary Information	SC Medicaid will not send this segment.
2100/R-89				CLAIM PAYMENT INFORMATION	
	CLP/R-89	CLP01	R	Patient Control Number	This Value will be Identical to the Submitted Number on the 837 CLM01 Data Element
		CLP02	R	Claim Status Code	
		CLP03	R	Total Claim Charge Amount	
		CLP04	R	Claim Payment Amount	
		CLP05	S	Patient Responsibility Amount	
		CLP06	R	Claim Filing Indicator Code	
		CLP07	S	Payer Claim Control Number	This field is equivalent to Claim Control Number (CCN).
		CLP08	S	Facility Type Code	
		CLP09	S	Claim Frequency Code	
		CLP10	N	Patient Status Code	
		CLP11	S	Diagnosis Related Group (DRG) Code	
		CLP12	S	Diagnosis Related Group (DRG) Weight	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CLP13	S	Discharge Fraction	
	CAS/S-95	CAS01	R	Claim Adjustment Group Code	
		CAS02	R	Adjustment Reason Code	
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS05	S	Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS08	S	Adjustment Reason Code	
		CAS09	S	Adjustment Amount	
		CAS10	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS11	S	Adjustment Reason Code	
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS14	S	Adjustment Reason Code	
		CAS15	S	Adjustment Amount	
		CAS16	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS17	S	Adjustment Reason Code	
		CAS18	S	Adjustment Amount	

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		CAS19	S	Adjustment Quantity	SC Medicaid will not send this data element.
	NM1/R-102	NM101	R	Entity Identifier Code	Value will be 'QC' – Patient
		NM102	R	Entity Type Qualifier	Value will be '1' – Person
		NM103	R	Patient Last Name	
		NM104	R	Patient First Name	
		NM105	S	Patient Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Patient Name Suffix	SC Medicaid will not send this data element.
		NM108	S	Identification Code Qualifier	SC Medicaid will set this value to 'MR' – Medicaid Recipient ID Number.
		NM109	S	Patient Identifier	Value will be the 10 Digit SC Medicaid Assigned Recipient Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	NM1/S-105	NM101	R	Insured Name	SC Medicaid will not send this Data Segment
	NM1/S-108	NM101	R	Corrected Patient/Insured Name	SC Medicaid will not send this Data Segment
	NM1/S-111	NM101	R	Entity Identifier Code	SC Medicaid will set this value to '82' – Rendering Provider.
		NM102	R	Entity Type Qualifier	Value will be '1' – Person or Value will be '2' – Non-Person Entity

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM103	S	Rendering Provider Last or Organizational Name	
		NM104	S	Rendering Provider First Name	
		NM105	S	Rendering Provider Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Rendering Provider Name Suffix	
		NM108	R	Identification Code Qualifier	If the Rendering Provider was identified with a valid NPI on the claim, SC Medicaid will set this value to 'XX' – National Provider Identifier (NPI) If the Rendering Provider was identified with a Legacy on the claim, SC Medicaid will set this value to 'FI' – Federal Tax Identification Number
		NM109	R	Rendering Provider Identifier	If the Rendering Provider was identified with an NPI on the claim, SC Medicaid will return the – National Provider Identifier (NPI) in this segment If the Rendering Provider was identified with a Legacy on the claim, SC Medicaid will return the Federal Tax Identification Number in this segment
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	NM1/S-114	NM101	S	Crossover Carrier Name	SC Medicaid will not send this segment.
	NM1/S-116	NM101	R	Corrected Priority Payer Name	SC Medicaid will not send this segment.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	MIA/S-118	MIA01	R	Covered Days or Visits Count	
		MIA02	S	PPS Operating Outlier Amount	
		MIA03	S	Lifetime Psychiatric Days Count	SC Medicaid will not send this Data Element
		MIA04	S	Claim DRG Amount	SC Medicaid will not send this Data Element
		MIA05	S	Remark Code	
		MIA06	S	Claim Disproportionate Share Amount	SC Medicaid will not send this Data Element
		MIA07	S	Claim MSP Pass-through Amount	SC Medicaid will not send this Data Element
		MIA08	S	Claim PPS Capital Amount	SC Medicaid will not send this Data Element
		MIA09	S	PPS-Capital FSP DRG Amount	SC Medicaid will not send this Data Element
		MIA10	S	PPS-Capital HSP DRG Amount	SC Medicaid will not send this Data Element
		MIA11	S	PPS-Capital DSH DRG Amount	SC Medicaid will not send this Data Element
		MIA12	S	Old Capital Amount	SC Medicaid will not send this Data Element
		MIA13	S	PPS-Capital IME Amount	SC Medicaid will not send this Data Element
		MIA14	S	PPS-Operating Hospital Specific DRG Amount	SC Medicaid will not send this Data Element
		MIA15	S	Cost Report Day Count	SC Medicaid will not send this Data Element
		MIA16	S	PPS-Operating Federal Specific DRG Amount	SC Medicaid will not send this Data Element
		MIA17	S	Claim PPS Capital Outlier Amount	SC Medicaid will not send this Data Element
		MIA18	S	Claim Indirect Teaching Amount	SC Medicaid will not send this Data Element
		MIA19	S	Nonpayable Professional Component Amount	SC Medicaid will not send this Data Element

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		MIA20	S	Remark Code	SC Medicaid will not send this Data Element
		MIA21	S	Remark Code	SC Medicaid will not send this Data Element
		MIA22	S	Remark Code	SC Medicaid will not send this Data Element
		MIA23	S	Remark Code	SC Medicaid will not send this Data Element
		MIA24	S	PPS-Capital Exception Amount	SC Medicaid will not send this Data Element
2100/S-123	MOA/S-123	MOA01	S	Outpatient Adjudication Information	SC Medicaid will not send this segment.
	REF/S-126	REF01	R	Reference Identification Qualifier	Medicaid will return values 'EA' – Medical Record Number and / or 'G1' – Prior Authorization Number.
		REF02	R	Other Claim Related Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-128	REF01	R	Reference Identification Qualifier	If the claim was paid by Legacy and the NM108 segment value is 'FI' – Federal Tax Identification Number. SC Medicaid will assign '1D' – Medicaid Provider Number.
		REF02	R	Rendering Provider Secondary	If the claim was paid by Legacy and the NM109 segment value is the Federal Tax Identification Number. SC Medicaid will return the SC Medicaid assigned Medicaid Provider Number
		REF03	N	Description	
		REF04	N	Reference Identifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	DTM/S-130	DTM01	R	Date Time Qualifier	SC Medicaid will return values '232' – Claim Statement Period Start and / or '233' – Claim Statement Period End.
		DTM02	R	Claim Date	Format will be CCYYMMDD
		DTM03	N	Time	
		DTM04	N	Time Code	
		DTM05	N	Date Time Period Format Qualifier	
		DTM06	N	Date Time Period	
	PER/S-132			Claim Contact Information	SC Medicaid will not send this segment.
	AMT/S-135			Claim Supplemental Information	SC Medicaid will not send this segment.
	QTY/S-137			Claim Supplemental Information Quantity	SC Medicaid will not send this segment.
2110/S-139				SERVICE PAYMENT INFORMATION	
	SVC/S-139	SVC01	R	Composite Medical Procedure	
		SVC01-1	R	Product or Service ID Qualifier	
		SVC01-2	R	Procedure Code	
		SVC01-3	S	Procedure Modifier	
		SVC01-4	S	Procedure Modifier	
		SVC01-5	S	Procedure Modifier	
		SVC01-6	S	Procedure Modifier	
		SVC01-7	S	Procedure Code Description	SC Medicaid will not send this data element.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SVC02	R	Line Item Charge Amount	
		SVC03	R	Line Item Provider Payment Amount	
		SVC04	S	National Uniform Billing Committee Revenue Code	
		SVC05	S	Units of Service Paid Count	
		SVC06	S	Composite Medical Procedure Identifier	
		SVC06-1	R	Product or Service ID Qualifier	
		SVC06-2	R	Procedure Code	
		SVC06-3	S	Procedure Modifier	
		SVC06-4	S	Procedure Modifier	
		SVC06-5	S	Procedure Modifier	
		SVC06-6	S	Procedure Modifier	
		SVC06-7	S	Procedure Code Description	SC Medicaid will not send this data element.
		SVC07	S	Original Units of Service Count	
	DTM/S-146	DTM01	R	Date Time Qualifier	SC Medicaid will return values '150' – Service Period Start and / or '151' – Service Period End.
		DTM02	R	Service Date	Format will be CCYYMMDD
		DTM03	N	Time	
		DTM04	N	Time Code	
		DTM05	N	Date Time Period Format Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTM06	N	Date Time Period	
	CAS/S-148	CAS01	R	Claim Adjustment Group Code	
		CAS02	R	Adjustment Reason Code	
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS05	S	Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS08	S	Adjustment Reason Code	
		CAS09	S	Adjustment Amount	
		CAS10	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS11	S	Adjustment Reason Code	
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS14	S	Adjustment Reason Code	
		CAS15	S	Adjustment Amount	
		CAS16	S	Adjustment Quantity	SC Medicaid will not send this data element.
		CAS17	S	Adjustment Reason Code	
		CAS18	S	Adjustment Amount	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CAS19	S	Adjustment Quantity	SC Medicaid will not send this data element.
	REF/S-154	REF01	R	Reference Identification Qualifier	SC Medicaid will set to '6R' if a Line Item Control Number was submitted by the provider on the 837 transaction.
		REF02	R	Provider Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-156	REF01	R	Reference Identification Qualifier	SC Medicaid will not send this segment.
		REF02	R	Rendering Provider Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	AMT/S-158	AMT01	R	Amount Qualifier Code	SC Medicaid will set this value to 'B6' – Allowed Actual.
		AMT02	R	Service Supplemental Amount	
		AMT03	N	Credit/Debit Flag Code	
	QTY/S-160			Service Supplemental Quantity	SC Medicaid will not send this segment.
	LQ/S-162	LQ01	R	Code List Qualifier Code	
		LQ02	R	Remark Code	
PLB/S-164	PLB/S-164			PROVIDER LEVEL ADJUSTMENT	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PLB01	R	Provider Identifier	If the claim paid by NPI, the NPI number will be returned in this segment. If the claim paid by Legacy, the SC Medicaid assigned Provider number will be returned in this segment.
		PLB02	R	Fiscal Period Date	Format will be CCYYMMDD
		PLB03	R	Adjustment Identifier	
		PLB03-1	R	Adjustment Reason Code	
		PLB03-2	S	Provider Adjustment Identifier	
		PLB04	R	Provider Adjustment Amount	
		PLB05	S	Adjustment Identifier	
		PLB05-1	R	Adjustment Reason Code	
		PLB05-2	S	Provider Adjustment Identifier	
		PLB06	S	Provider Adjustment Amount	
		PLB07	S	Adjustment Identifier	
		PLB07-1	R	Adjustment Reason Code	
		PLB07-2	S	Provider Adjustment Identifier	
		PLB08	S	Provider Adjustment Amount	
		PLB09	S	Adjustment Identifier	
		PLB09-1	R	Adjustment Reason Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PLB09-2	S	Provider Adjustment Identifier	
		PLB10	S	Provider Adjustment Amount	
		PLB11	S	Adjustment Identifier	
		PLB11-1	R	Adjustment Reason Code	
		PLB11-2	S	Provider Adjustment Identifier	
		PLB12	S	Provider Adjustment Amount	
		PLB13	S	Adjustment Identifier	
		PLB13-1	S	Adjustment Reason Code	
		PLB13-2	R	Provider Adjustment Identifier	
		PLB14	S	Provider Adjustment Amount	
9999/R-173				TRANSACTION SET TRAILER	
	SE/R-173	SE01	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
		SE02	R	Transaction Set Control Number	Data value in SE02 will be identical to ST02.
	GS/R-B.10	GS01	R	Number of Transaction Sets Included	Number of Transaction Sets Included
		GS02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GE02
	IEA/R-B.7	IEA01	R	Number of Included Functional Groups	Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

4.DOCUMENT CHANGE HISTORY

Project Information
Project Name: 835 Companion Guide Specifications
Status: Final (Version number and date are used for configuration control of this deliverable.)

Hard copies of this document are for information only and are not subject to document control.

Version	Approval Date	Changed By	Reason
1.0	07/25/03		Original Document
1.1	09/24/03		Pg. 4 – value of BPR04 changed to "2079900430615" per change in processing of checks.
1.2	05/14/07	Kathy Dugan	Pg. 1 – removed 'at no charge' in reference to Implementation Guide Availability. National Provider Identifier Transition Period Instructions. General Clean up. Added ISA/IEA and GS/GE information.